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(54) Coating for medical devices

(57) The present invention includes biocompatible coatings and films for use on implantable medical devices and medical devices containing such coatings and films applied to a surface thereof, which coatings/films are present on the device in an amount effective to provide an inert surface to be in contact with body tissue of a mammal upon implantation of the device in the mammal, and contain a film-forming polyfluoro copolymer prepared from an amount of a monomer selected from

the group consisting of vinylidenefluoride and tetrafluoroethylene, and an amount of a second monomer other than the first monomer, wherein the amounts of the first and second monomers are effective to provide the coating and films with properties effective for use in coating implantable medical devices when the coated device is subjected to a maximum temperature of less than about 100°C.

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Description**FIELD OF THE INVENTION**

[0001] The invention relates to the use of polyfluoro copolymers as coatings for implantable surgical medical devices.

BACKGROUND OF THE INVENTION

[0002] Implantable medical devices are used in various medical procedures. Such devices include, without limitation, stents, catheters, sutures, meshes, vascular grafts, shunts and filters for removing emboli.

[0003] Stents, which generally are open tubular structures, have become increasingly important in medical procedures to restore the function of body lumens. Stents now are commonly used in transluminal procedures such as angioplasty to restore adequate blood flow to the heart and other organs. However, deployment of stents may stimulate foreign body reactions thereto that result in thrombosis or restenosis.

[0004] To avoid these complications, a variety of stent coatings and compositions have been proposed to reduce the incidence of these complications. The coatings may be capable themselves of reducing the stimulus the stent provides to the injured lumen wall, thus reducing the tendency towards thrombosis or restenosis. Alternatively, the coating may deliver a pharmaceutical/therapeutic agent or drug to the lumen that reduces smooth muscle tissue proliferation or restenosis. The reported mechanism for delivery of the agent has been via diffusion of the agent through either the bulk polymer, or through pores that are created in the polymer structure, or by erosion of a biodegradable coating.

[0005] Both bioabsorbable and biostable compositions have been reported as coatings for stents. They generally have been polymeric coatings that either encapsulate a pharmaceutical/therapeutic agent or drug, e.g. taxol, rapamycin, etc., or bind such an agent to the surface, e.g. heparin-coated stents. These coatings are applied to the stent in a number of ways, including, though not limited to, dip, spray, or spin coating processes.

[0006] One class of biostable materials that has been reported as coatings for stents is polyfluoro homopolymers. Polytetrafluoroethylene (PTFE) homopolymers have been used as implants for many years. These homopolymers are not soluble in any solvent at reasonable temperatures and therefore are difficult to coat onto small medical devices while maintaining important features of the devices (e.g. slots in stents).

[0007] Stents with coatings made from polyvinylidene fluoride homopolymers and containing pharmaceutical/therapeutic agents or drugs for release have been suggested. However, like most crystalline polyfluoro homopolymers, they are difficult to apply as high quality films onto surfaces without subjecting them to relatively

high temperatures, e.g. greater than about 125-200°C, that correspond to the melting temperature of the polymer.

[0008] It would be advantageous to develop coatings for implantable medical devices that will reduce thrombosis, restenosis, or other adverse reactions, that may include, but do not require, the use of pharmaceutical or therapeutic agents or drugs to achieve such affects, and that possess physical and mechanical properties effective for use in such devices when subjected to relatively low maximum temperatures.

SUMMARY OF THE INVENTION

[0009] The present invention includes biocompatible coatings and films for use on implantable medical devices and medical devices comprising such coatings and films applied to a surface thereof that is to be in contact with body tissue of a mammal. The biocompatible film provides an inert surface to be in contact with body tissue of a mammal upon implantation of the device in the mammal. The coating and film comprise a film-forming polyfluoro copolymer prepared from an amount of a first monomer selected from the group consisting of vinylidene fluoride and tetrafluoroethylene, and an amount of a second monomer other than the first monomer, said second monomer being capable of providing elastomeric properties to the polyfluoro copolymer, wherein the amounts of the first monomer and the second monomer are effective to provide the coating and film with properties effective for use in coating implantable medical devices when the coated device is subjected to a maximum temperature of less than about 100°C.

BRIEF DESCRIPTION OF THE FIGURES

[0010] Figure 1 indicates the fraction of drug released as a function of time from coatings of the present invention over which no topcoat has been disposed.

[0011] Figure 2 indicates the fraction of drug released as a function of time from coatings of the present invention including a topcoat disposed thereon.

[0012] Figure 3 indicates the fraction of drug released as a function of time from coatings of the present invention over which no topcoat has been disposed.

[0013] Figure 4 indicates *in vivo* stent release kinetics of rapamycin from poly(VDF/HFP).

DETAILED DESCRIPTION OF THE INVENTION

[0014] The present invention provides polymeric coatings comprising a polyfluoro copolymer and stents coated with a film in effective amounts to reduce thrombosis and/or restenosis when such stents are used in, e.g. angioplasty procedures. As used herein, polyfluoro copolymers means those copolymers prepared from an amount of a first monomer selected from the group con-

sisting of vinylidenefluoride and tetrafluoroethylene, and an amount of a second monomer other than the first monomer, said second monomer being capable of providing elastomeric properties to the polyfluoro copolymer, wherein the amounts of the first monomer and the second monomer are effective to provide coatings made from such PVDF copolymers with properties effective for use in coating implantable medical devices, where the coated device is subjected to a maximum temperature of less than about 100°C. The coatings may comprise pharmaceutical or therapeutic agents for reducing thrombosis or restenosis, and stents coated with such coatings may provide sustained release of the agents. Films prepared from the polyfluoro copolymer coatings provide the required physical and mechanical properties required of conventional coated medical devices, while maintaining maximum temperatures to which the device, coatings and films are exposed at relatively low temperatures, e.g. less than about 100°C, preferably at about ambient temperatures. This is particularly important when using the coating/film to deliver pharmaceutical/therapeutic agent or drugs that are heat sensitive, or when applying the coating onto temperature-sensitive devices such as, but not limited to, catheters.

[0015] The present invention comprises polyfluoro copolymers that provide improved biocompatible coatings for medical devices. These coatings provide inert surfaces to be in contact with body tissue of a mammal, e.g. a human, sufficient to reduce thrombosis, or restenosis, or other undesirable reactions. While most reported coatings made from polyfluoro homopolymers require high heat, e.g. greater than about 125°C, to obtain films with adequate physical and mechanical properties for use on implantable devices, e.g. stents, films prepared from the polyfluoro copolymers of the present invention provide adequate adhesion and resistance to cracking when formed on medical devices and subjected to relatively low maximum temperatures, e.g. less than about 100°C, preferably less than about 65°C, and more preferably less than about 60°C.

[0016] The polyfluoro copolymers used for coatings according to the present invention must be film-forming polymers that have molecular weight high enough so as not to be waxy or tacky. The polymers and films formed therefrom must adhere to the stent and not be readily deformable after deposition on the stent as to be able to be displaced by hemodynamic stresses. The polymer molecular weight must be high enough to provide sufficient toughness so that films comprising the polymers will not be rubbed off during handling or deployment of the stent. In certain embodiments the coating will not crack where expansion of the stent occurs. The flow point of the polymer used in the present invention should be above 40°C, preferably above about 45°C, more preferably above 50°C and most preferably above 55°C.

[0017] Coatings of the present invention comprise polyfluoro copolymers, as defined hereinabove. The

second monomer used to prepare the polyfluoro copolymer may be selected from those biocompatible monomers that would provide biocompatible polymers acceptable for implantation in a mammal, while maintaining sufficient elastomeric film properties for use on medical devices claimed herein. Such monomers include, without limitation, hexafluoropropylene (HFP), tetrafluoroethylene (TFE), vinylidenefluoride, 1-hydro-pentafluoropropylene, perfluoro(methyl vinyl ether),

10 chlorotrifluoroethylene (CTFE), pentafluoropropene, trifluoroethylene, hexafluoroacetone and hexafluorisobutylene.

[0018] Preferred polyfluoro copolymers are prepared from vinylidenefluoride as the first monomer and HFP as

15 the second monomer, in the weight ratio of from about 50 to about 85 weight percent vinylidenefluoride to about 50 to about 15 weight percent HFP. More preferably, PVDF copolymers are prepared with from about 55 to about 70 weight percent vinylidenefluoride and from

20 about 45 to about 30 weight percent HFP. Even more preferably, PVDF copolymers are prepared with from about 55 to about 65 weight percent vinylidenefluoride and from about 45 to about 35 weight percent HFP. The polyvinylidenefluoride (PVDF) copolymers are soluble,

25 in varying degrees, in solvents such as dimethylacetamide (DMAc), tetrahydrofuran, dimethyl formamide, dimethyl sulfoxide and n-methyl pyrrolidone. Some are soluble in methylethylketone (MEK), acetone, methanol and other solvents commonly used in applying coatings to conventional implantable medical devices.

[0019] Conventional polyfluoro homopolymers are crystalline and difficult to apply as high quality films onto metal surfaces without exposing the coatings to relatively high temperatures that correspond to the melting temperature (Tm) of the polymer. The elevated temperature serves to provide films prepared from such PVDF homopolymer coatings that exhibit sufficient adhesion of the film to the device, while preferably maintaining sufficient flexibility to resist film cracking upon expansion/contraction of the coated medical device. Films and

coatings according to the present invention provide these same physical and mechanical properties, or essentially the same properties, even when the maximum temperatures to which the coatings and films are exposed is less than about 100°C, and preferably less than about 65°C. This is particularly important when the coatings/films comprise pharmaceutical or therapeutic agents or drugs that are heat sensitive, e.g. subject to chemical or physical degradation or other heat-induced

40 45 negative affects, or when coating heat sensitive substrates of medical devices, e.g. subject to heat-induced compositional or structural degradation.

[0020] One embodiment of the invention comprises stents coated with a film of a PVDF copolymer according

50 55 to the present invention. Conventional stents are used in transluminal procedures such as angioplasty to restore adequate blood flow to the heart and other organs. They generally are cylindrical and perforated with pas-

sages that are slots, ovoid, circular or the like shape. Stents also may be composed of helically wound or serpentine wire structures in which the spaces between the wires form passages. Stents may be flat perforated structures that are subsequently rolled to form tubular or cylindrical structures that are woven, wrapped, drilled, etched or cut to form passages. Examples of stents that may be advantageously coated by PVDF copolymers of the present invention include, but are not limited to, stents described in U.S. Patent Nos. 4,733,665; 4,800/882; 4,886,062 and 5,514,154, the contents each of which is incorporated herein in its entirety as if set forth herein. These stents can be made of biocompatible materials, including biostable and bioabsorbable materials. Suitable biocompatible metals include, but are not limited to, stainless steel, tantalum, titanium alloys (including nitinol), and cobalt alloys (including cobalt-chromium-nickel alloys). Suitable non-metallic biocompatible materials include, but are not limited to, polyamides, polyolefins (i.e. polypropylene, polyethylene etc.), nonabsorbable polyesters (i.e. polyethylene terephthalate), and bioabsorbable aliphatic polyesters (i.e. homopolymers and copolymers of lactic acid, glycolic acid, lactide, glycolide, para-dioxanone, trimethylene carbonate, ϵ -caprolactone, and blends thereof).

[0021] The film-forming biocompatible polymer coatings generally are applied to the stent in order to reduce local turbulence in blood flow through the stent, as well as adverse tissue reactions. The coatings and films formed therefrom also may be used to administer a pharmaceutically active material to the site of the stent placement. Generally, the amount of polymer coating to be applied to the stent will vary depending on, among other possible parameters, the particular PVDF copolymer used to prepare the coating, the stent design and the desired effect of the coating. Generally, the coated stent will comprise from about 0.1 to about 15 weight percent of the coating, preferably from about 0.4 to about 10 weight percent. The polyfluoro copolymer coatings may be applied in one or more coating steps, depending on the amount of polyfluoro copolymer to be applied. Different polyfluoro copolymers may be used for different layers in the stent coating. In fact, in certain embodiments, it is highly advantageous to use a diluted first coating solution comprising a polyfluoro copolymer as a primer to promote adhesion of a subsequent polyfluoro copolymer coating layer that may contain pharmaceutically active materials. The individual coatings may be prepared from different polyfluoro copolymers.

[0022] Additionally, a top coating can be applied to delay release of the pharmaceutical agent, or they could be used as the matrix for the delivery of a different pharmaceutically active material. Layering of coatings can be used to stage release of the drug or to control release of different agents placed in different layers.

[0023] Blends of polyfluoro copolymers also may be used to control the release rate of different agents or to

provide desirable balance of coating properties, i.e. elasticity, toughness, etc., and drug delivery characteristics, e.g. release profile. Polyfluoro copolymers with different solubilities in solvents can be used to build up different polymer layers that may be used to deliver different drugs or to control the release profile of a drug. For example, PVDF copolymers comprising 85.5/14.5 (wt/wt) of poly(vinylidenefluoride/HFP) and 00.6/39.4 (wt/wt) of poly(vinylidenefluoride /HFP) are both soluble in DMAc.

[0024] However, only the 60.6/39.4 PVDF copolymer is soluble in methanol. So, a first layer of the 85.5/14.5 PVDF copolymer comprising a drug could be over coated with a topcoat of the 60.6/39.4 PVDF copolymer made with the methanol solvent. The top coating can be used to delay the drug deliver of the drug contained in the first layer. Alternatively, the second layer could contain a different drug to provide for sequential drug delivery. Multiple layers of different drugs could be provided by alternating layers of first one PVDF copolymer then the other. As will be readily appreciated by those skilled in the art numerous layering approaches can be used to provide the desired drug delivery.

[0025] The coatings can be used to deliver therapeutic and pharmaceutic agents such as, but not limited to: antiproliferative/antimitotic agents including natural products such as vinca alkaloids (i.e. vinblastine, vincristine, and vinorelbine), paclitaxel, epidipodophyllotoxins (i.e. etoposide, teniposide), antibiotics (dactinomycin (actinomycin D) daunorubicin, doxorubicin and idarubicin), anthracyclines, mitoxantrone, bleomycins, plicamycin (mithramycin) and mitomycin, enzymes (L-asparaginase which systemically metabolizes L-asparagine and deprives cells which don't have the capacity to synthesize their own asparagine); antiproliferative/antimitotic alkylating agents such as nitrogen mustards (mechlorethamine, cyclophosphamide and analogs, melphalan, chlorambucil), ethylenimines and methyl-melamines (hexamethylmelamine and thiotepa), alkyl sulfonates-busulfan, nirtosoureas (carmustine (BCNU) and analogs, streptozocin), trazenes - dacarbazine (DTIC); antiproliferative/antimitotic antimetabolites such as folic acid analogs (methotrexate), pyrimidine analogs (fluorouracil, flouxuridine, and cytarabine), purine analogs and related inhibitors (mercaptopurine, thioguanine, pentostatin and 2-chlorodeoxyadenosine {cladribine}); platinum coordination complexes (cisplatin, carboplatin), procarbazine, hydroxyurea, mitotane, aminoglutethimide; hormones (i.e.estrogen); Anticoagulants (heparin, synthetic heparin salts and other Inhibitors of thrombin); fibrinolytic agents (such as tissue plasminogen activator, streptokinase and urokinase), aspirin, dipyridamole, ticlopidine, clopidogrel, abciximab; antimigratory; antisecretory (breveldin); antiinflammatory; such as adrenocortical steroids (cortisol, cortisone, fludrocortisone, prednisone, prednisolone, 6α -methyl-prednisolone, triamcinolone, betamethasone, and dexamethasone), non-steroidal agents (salicylic acid deriv-

atives i.e. aspirin; para-aminophenol derivatives i.e. acetaminophen; Indole and indene acetic acids (*indomethacin*, sulindac, and etodolac), heteroaryl acetic acids (tolmetin, diclofenac, and ketorolac), arylpropionic acids (ibuprofen and derivatives), anthranilic acids (mefenamic acid, and meclofenamic acid), enolic acids (piroxicam, tenoxicam, phenylbutazone, and oxyphenbutazone), nabumetone, gold compounds (auranofin, aurothioglucose, gold sodium thiomalate); immunosuppressive: (cyclosporine/ tacrolimus (FK-506), sirolimus (rapamycin), azathioprine, mycophenolate mofetil); Angiogenic: vascular endothelial growth factor (VEGF), fibroblast growth factor (FGF); nitric oxide donors; anti-sense oligo nucleotides and combinations thereof.

[0026] Coating may be formulated by mixing one or more therapeutic agents with the coating polyfluoro copolymers in a coating mixture. The therapeutic agent may be present as a liquid, a finely divided solid, or any other appropriate physical form. Optionally, the coating mixture may include one or more additives, e.g., non-toxic auxiliary substances such as diluents, carriers, excipients, stabilizers or the like. Other suitable additives may be formulated with the polymer and pharmaceutically active agent or compound. For example hydrophilic polymer may be added to a biocompatible hydrophobic coating to modify the release profile, or a hydrophobic polymer may be added to a hydrophilic coating to modify the release profile. One example would be adding a hydrophilic polymer selected from the group consisting of polyethylene oxide, polyvinyl pyrrolidone, polyethylene glycol, carboxymethyl cellulose, and hydroxymethyl cellulose to a polyfluoro copolymer coating to modify the release profile. Appropriate relative amounts can be determined by monitoring the *in vitro* and/or *in vivo* release profiles for the therapeutic agents.

[0027] The best conditions for the coating application are when the polyfluoro copolymer and pharmaceutical agent have a common solvent. This provides a wet coating that is a true solution. Less desirable, yet still usable, are coatings that contain the pharmaceutical agent as a solid dispersion in a solution of the polymer in solvent. Under the dispersion conditions, care must be taken to ensure that the particle size of the dispersed pharmaceutical powder, both the primary powder size and its aggregates and agglomerates, is small enough not to cause an irregular coating surface or to clog the slots of the stent that need to remain essentially free of coating. In cases where a dispersion is applied to the stent and the smoothness of the coating film surface requires improvement, or to be ensured that all particles of the drug are fully encapsulated in the polymer, or in cases where the release rate of the drug is to be slowed, a clear (polyfluoro copolymer only) topcoat of the same polyfluoro copolymer used to provide sustained release of the drug or another polyfluoro copolymer that further restricts the diffusion of the drug out of the coating can be applied. The topcoat can be applied by dip coating with mandrel to clear the slots. This method is disclosed in United

States Patent application No. 09/294,164, the contents of which are incorporated herein in their entirety. Other methods for applying the topcoat include spin coating and spray coating. Dip coating of the top coat can be

5 problematic if the drug is very soluble in the coating solvent, which swells the polyfluoro copolymer, and the clear coating solution acts as a zero concentration sink and redissolves previously deposited drug. The time spent in the dip bath may need to be limited so that the
10 drug is not extracted out into the drug-free bath. Drying should be rapid so that the previously deposited drug does not completely diffuse into the topcoat.

[0028] The amount of therapeutic agent will be dependent upon the particular drug employed and medical condition being treated. Typically, the amount of drug represents about 0.001% to about 70%, more typically about 0.001% to about 60%, most typically about 0.001% to about 45% by weight of the coating.

[0029] The quantity and type of polyfluoro copolymers 15 employed in the coating film containing the pharmaceutical agent will vary depending on the release profile desired and the amount of drug employed. The product may contain blends of the same or different polyfluoro copolymers having different molecular weights to provide the desired release profile or consistency to a given formulation.

[0030] Polyfluoro copolymers may release dispersed drug by diffusion. This can result in prolonged delivery (over, say 1 to 2,000 hours, preferably 2 to 800 hours) 30 of effective amounts (say, 0.001 µg/cm²-min to 100 µg/cm²-min) of the drug. The dosage can be tailored to the subject being treated, the severity of the affliction, the judgment of the prescribing physician, and the like.

[0031] Individual formulations of drugs and polyfluoro copolymers may be tested in appropriate *in vitro* and *in vivo* models to achieve the desired drug release profiles. For example, a drug could be formulated with a Polyfluoro copolymer, or blend of polyfluoro copolymers, coated onto a stent and placed in an agitated or circulating fluid system, e.g. 25% ethanol in water. Samples of the circulating fluid could be taken to determine the release profile (such as by HPLC, UV analysis or use of radiotagged molecules). The release of a pharmaceutical compound from a stent coating into the interior wall 40 of a lumen could be modeled in appropriate animal system. The drug release profile could then be monitored by appropriate means such as, by taking samples at specific times and assaying the samples for drug concentration (using HPLC to detect drug concentration).

[0032] Thrombus formation can be modeled in animal models using the ¹¹¹In-platelet imaging methods described by Hanson and Harker, Proc. Natl. Acad. Sci. USA 85: 3184-3188 (1988). Following this or similar procedures, those skilled in the art will be able to formulate a variety 45 of stent coating formulations.

[0033] While not a requirement of the present invention, the coatings and films may be crosslinked once applied to the medical devices. Crosslinking may be affect-

ed by any of the known crosslinking mechanisms, such as chemical, heat or light. In addition, crosslinking initiators and promoters may be used where applicable and appropriate. In those embodiments utilizing crosslinked films comprising pharmaceutical agents, curing may affect the rate at which the drug diffuses from the coating. Crosslinked polyfluoro copolymers films and coatings of the present invention also may be used without drug to modify the surface of implantable medical devices.

Examples:

Example 1:

[0033] A PVDF homopolymer (Solef 1008 from Solvay Advanced Polymers, Houston, TX, T_m about 175°C) and a copolymer of poly(vinylidenefluoride/HFP), 91/9 and 94/6 weight percent vinylidenefluoride/HFP, respectively (e.g. Solef 11010 and 11008, Solvay Advanced Polymers, Houston, TX, T_m about 159°C and 160°C, respectively) were examined as potential coatings for stents. These polymers are soluble in solvents such as, but not limited to, DMAc, N,N-dimethylformamide (DMF), dimethyl sulfoxide (DMSO), N-methylpyrrolidone (NMP), tetrahydrofuran (THF) and acetone. Polymer coatings were prepared by dissolving the polymers in acetone, at 5 weight percent as a primer, or by dissolving the polymer in 50/50 DMAc/acetone, at 30 weight percent as a topcoat. Coatings that were applied to the stents by dipping and dried at 60°C in air for several hours, followed by 60°C for 3 hours in a <100 mm Hg vacuum, resulted in white foamy films. These films adhered poorly to the stent and flaked off, indicating they were too brittle. When stents coated in this manner were heated above 175°C, i.e. above the melting temperature of the polymer, a clear, adherent film was formed. These conventional coatings require high temperatures, e.g. above the melting temperature of the polymer, to achieve high quality films. As mentioned above, the high temperature heat treatment is unacceptable for the majority of drug compounds due to their thermal sensitivity.

Example 2:

[0034] A polyfluoro copolymer (Solef 21508) prepared from 85.5 weight percent vinylidenefluoride and 14.5 weight percent HFP, as determined by F¹⁹ NMR, was evaluated. This copolymer is less crystalline than the homopolymer and copolymers described in Example 1. It also has a lower melting point reported to be about 133°C. Once again, a coating comprising about 10 weight percent PVDF copolymer (was applied from a polymer solution in 50/50 DMAc/MEK. After drying (in air) at 60°C for several hours, followed by 60°C for 3 hours in a <100 mtorr Hg vacuum, clear adherent films were obtained. This eliminated the need for a high temperature heat treatment to achieve high quality films. Coatings were smoother and more adherent than those

of Example 1. Some coated stents that underwent expansion show some degree of adhesion loss and "tenting" as the film pulls away from the metal. Where necessary, modification of coatings containing such copolymers may be made, e.g. by addition of plasticizers or the like to the coating compositions. Films prepared from such coatings may be used to coat stents or other medical devices, particularly where those devices are not susceptible to expansion to the degree of the stents.

- 10 [0035] The coating process above was repeated, this time with a coating comprising the 85.5/14.6 (wt/wt) (vinylidenefluoride/HFP) and about thirty (30) weight percent of rapamycin (Wyeth-Ayerst Laboratories, Philadelphia, PA), based on total weight of coating solids.
- 15 Clear films that would occasionally crack or peel upon expansion of the coated stents resulted. Again, while cracking and peeling are not acceptable, it is believed that inclusion of plasticizers and the like in the coating composition will result in coatings and films for use on stents and other medical devices.

Example 3:

- [0036] PVDF copolymers of still higher HFP content were then examined. This series of polymers were not semicrystalline, but rather are marketed as elastomers. One such copolymer is Fluorel 2261Q (from Dyneon, a 3M-Hoechst Enterprise, Oakdale, MN), a 60.6/39.4 (wt/wt) copolymer of vinylidenefluoride/HFP. Although this copolymer has a T_g well below room temperature (T_g about 20°C) it is not tacky at room temperature or even at 60°C. This polymer has no detectable crystallinity when measured by Differential Scanning Calorimetry (DSC) or by wide angle X-ray diffraction. Films formed on stents as described above were non-tacky, clear, and expanded without incident when the stents were expanded.

- 30 [0037] The coating process above was repeated, this time with coatings comprising the 60.6/39.4 (wt/wt) (vinylidenefluoride/HFP) and about nine (9), thirty (30) and fifty (50) weight percent of rapamycin (Wyeth-Ayerst Laboratories, Philadelphia, PA), based on total weight of coating solids, respectively. Coatings comprising about 9 and 30 weight percent rapamycin provided white, adherent, tough films that expanded without incident on the stent. Inclusion of 50% drug, in the same manner, resulted in some loss of adhesion upon expansion.

- 45 [0038] Changes in the comonomer composition of the fluoropolymer can also affect the nature of the solid state coating, once dried. For example, the semicrystalline copolymer, Solef 21508, containing 85.5% PVDF and 14.5% by weight HFP forms homogeneous solutions with about 30% rapamycin (drug weight divided by total solids weight, e.g. drug plus copolymer) in DMAc and 50/50 DMAc/MEK. When the film is dried (60°C/16 hours followed by 60°C/3 hours in vacuum of 100 mm Hg) a clear coating, indicating a solid solution of the drug

in the polymer, is obtained. Conversely, when an amorphous copolymer, Fluorel 2261Q, of PVDF/HFP at 60.6/39.5 (wt/wt) forms a similar 30% solution of rapamycin in DMAc/MEK and is similarly dried, a white film, indicating phase separation of the drug and the polymer, is obtained. This second drug containing film is much slower to release the drug into an *in vitro* test solution of 25% ethanol in water than is the former clear film of crystalline Solef 21508. X-ray analysis of both films indicates that the drug is present in a non-crystalline form. Poor or very low solubility of the drug in the high HFP containing copolymer results in slow permeation of the drug through the thin coating film. Permeability is the product of diffusion rate of the diffusing species (in this case the drug) through the film (the copolymer) and the solubility of the drug in the film.

Example 4: *In vitro* release results of rapamycin from coating.

[0039] Figure 1 is a plot of data for the 85.5/14.5 vinylidenefluoride/HFP polyfluoro copolymer, indicating fraction of drug released as a function of time, with no topcoat. Figure 2 is a plot of data for the same polyfluoro copolymer over which a topcoat has been disposed, indicating that most effect on release rate is with a clear topcoat. As shown therein, TC150 refers to a device comprising 150 micrograms of topcoat, TC235 refers to 235 micrograms of topcoat, etc. Figure 3 is a plots for the 60.6/39.4 vinylidenefluoride/HHF polyfluoro copolymer, indicating fraction of drug released as a function of time, showing significant control of release rate from the coating without the use of a topcoat. Release is controlled by loading of drug in the film.

Example 5: *In vivo* stent release kinetics of rapamycin from poly(VDF/HFP).

[0040] Nine (9) New Zealand white rabbits (2.5-3.0 kg) on a normal diet were given aspirin 24 hours prior to surgery, again just prior to surgery and for the remainder of the study. At the time of surgery, animals were premedicated with Acepromazine (0.1-0.2 mg/kg) and anesthetized with a Ketamine/Xylazine mixture (40 mg/kg and 5 mg/kg, respectively). Animals were given a single intraprocedural dose of heparin (150 IU/kg, i.v.)

[0041] Arterectomy of the right common carotid artery was performed and 5 F catheter introducer (Cordis, Inc.) coated with a film made from poly(VDF/HHF) (60.6/39.4) placed in the vessel and anchored with ligatures. Iodine contrast agent was injected to visualize the right common carotid artery, brachiocephalic trunk and aortic arch. A steerable guide wire (0.014 inch/180 cm, Cordis, Inc.) was inserted via the introducer and advanced sequentially into each iliac artery to a location where the artery possesses a diameter closest to 2 mm using the angiographic mapping done previously. Two stents were deployed in each animal where feasible,

one in each iliac artery, using 3.0 mm balloon and inflation to 8-10 ATM for 30 seconds followed after a 1 minute interval by a second inflation to 8-10 ATM for 30 seconds. Follow-up angiographs visualizing both iliac arteries are obtained to confirm correct deployment position of the stent.

[0042] At the end of procedure, the carotid artery was ligated and the skin is closed with 3/0 vicryl suture using a one layered interrupted closure. Animals were given butoropanol (0.4 mg/kg, s.c.) and gentamycin (4 mg/kg, i.m.). Following recovery, the animals were returned to their cages and allowed free access to food and water.

[0043] Due to early deaths and surgical difficulties, 2 animals were not used in this analysis. Stented vessels were removed from the remaining 7 animals at the following time points: 1 vessel (1 animal) at 10 min post implant; 6 vessels (3 animals) between 45 min and 2 h post-implant (average, 1.2 hours); 2 vessels (2 animals) at 3 d post implant; and 2 vessels (1 animal) at 7 d post-implant. In one animal at 2 hours, the stent was retrieved from the aorta rather than the iliac artery. Upon removal, arteries were carefully trimmed at both the proximal and distal ends of the stent. Vessels were then carefully dissected free of the stent, flushed to remove any residual blood, and both stent and vessel frozen immediately, wrapped separately in foil, labeled and kept frozen at -80 °C. When all samples had been collected, vessels and stents were frozen, transported and subsequently analyzed for rapamycin on the stent and in tissue.

Example 6: Purifying the polymer.

[0044] The Fluorel 2261Q copolymer was dissolved in MEK at about 10 weight percent and was washed in a 50/50 mixture of ethanol/water. The polymer precipitated out and was separated from the solvent phase by centrifugation. The polymer again was dissolved in MEK and the washing procedure repeated. The polymer was dried after each washing step at 60°C in a vacuum oven (<200 mtorr) over night.

Example 7 : *In vivo* testing of coated stents in porcine coronary arteries.

[0045] CrossFlex® stents (available from Cordis, a Johnson & Johnson Company) were coated with the "as received" Fluorel 2261Q PVDF copolymer and with the purified PVDF copolymer of example 6, using the dip and wipe approach. The coated stents were sterilized using ethylene oxide and a standard cycle. The coated stents and bare metal stents (controls) were implanted in porcine coronary arteries, where they remained for 28 days.

[0046] Angiography was performed on the pigs at implantation and at 28 days. Angiography indicated that the control uncoated stent exhibited about 21 percent restenosis. The polyfluoro copolymer "as received" exhibited about 26% restenosis (equivalent to the control)

and the washed copolymer exhibited about 12.5% restenosis. The purified PVDF copolymer was the only coating observed to have better angiography results than bare metal controls.

[0047] Histology results reported neointimal area at 28 days to be 2.89 ± 0.2 , 3.57 ± 0.4 and 2.75 ± 0.3 , respectively, for the bare metal control, the unpurified copolymer and the purified copolymer. Although the data are not statistically significantly different, this is the first observation of a numerical score for a coated stent that is better than the bare metal control.

Claims

1. An implantable medical device: comprising, a biocompatible film effective to provide an inert surface to be in contact with body tissue of a mammal upon implantation of said device in said mammal, said film comprising a polyfluoro copolymer prepared from an amount of a first monomer selected from the group consisting of vinylidenefluoride and tetrafluoroethylene, and an amount of a second monomer other than the first monomer, said second monomer being capable of providing elastomeric properties to the polyfluoro copolymer, wherein the amounts of the first monomer and the second monomer are effective to provide said film with properties sufficient for use in coating implantable medical devices when said coated device is subjected to a maximum temperature of less than about 100°C.
2. The device of claim 1, wherein said copolymer is prepared with from about 50 to about 85 weight percent of the first monomer, and from about 50 to about 15 weight percent of the second monomer, based on total monomer weight used to prepare said copolymer.
3. The device of claim 1, wherein said copolymer is prepared with from about 55 to about 70 weight percent vinylidenefluoride, and from about 45 to about 30 weight percent of the second monomer, based on total monomer weight used to prepare said copolymer.
4. The device of claim 1, wherein said copolymer is prepared with from about 55 to about 65 weight percent vinylidenefluoride, and from about 45 to about 35 weight percent of the second monomer, based on total monomer weight used to prepare said copolymer.
5. The device of claim 1 wherein said second monomer is selected from the group consisting of hexafluoropropylene, tetrafluoroethylene, vinylidenefluoride, 1-hydropentafluoropropylene, perfluoro

(methyl vinyl ether), chlorotrifluoroethylene, pentafluoropropene, trifluoroethylene, hexafluoroacetone and hexafluoroisobutylene.

5. 6. The device of claim 4 wherein said second monomer is hexafluoropropylene.
7. The implantable medical device of claim 1, wherein said film further comprises a therapeutic and/or pharmaceutical agent.
- 10 8. The implantable device of claim 1 wherein said film comprises a polyvinylidenefluoride copolymer effective to provide said film with properties sufficient for use in coating implantable medical devices when said coated device is subjected to a maximum temperature of less than about 65°C.
- 15 9. A biocompatible coating for use on implantable medical devices: said coating comprising,
- 20 a polyfluoro copolymer prepared from an amount of a first monomer selected from the group consisting of vinylidenefluoride and tetrafluoroethylene, and an amount of a second monomer other than the first monomer, said second monomer being capable of providing elastomeric properties to the polyfluoro copolymer, wherein the amounts of the first monomer and the second monomer are effective to provide said coating with properties sufficient for use in coating implantable medical devices when said coated medical device is subjected to a maximum temperature of less than about 100°C; and
- 25 a solvent in which said polyfluoro copolymer is substantially soluble.
- 30 10. The coating of claim 9, wherein said copolymer is prepared with from about 50 to about 85 weight percent of the first monomer, and from about 50 to about 15 weight percent of the second monomer, based on total monomer weight used to prepare said copolymer.
- 35 11. The coating of claim 9, wherein said copolymer is prepared with from about 55 to about 70 weight percent vinylidenefluoride, and from about 45 to about 30 weight percent of the second monomer, based on total monomer weight used to prepare said copolymer.
- 40 12. The coating of claim 9, wherein said copolymer is prepared with from about 55 to about 65 weight percent vinylidenefluoride, and from about 45 to about 35 weight percent of the second monomer, based on total monomer weight used to prepare said copolymer.
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13. The coating of claim 9 wherein said second monomer is selected from the group consisting of hexafluoropropylene, tetrafluoroethylene, vinylidene-fluoride, 1-hydropentafluoropropylene, perfluoro(methyl vinyl ether), chlorotrifluoroethylene, pentfluoropropene, trifluoroethylene, hexafluoroacetone and hexafluoroisobutylene. 5
14. The coating of claim 12 wherein said second monomer is hexafluoropropylene 10
15. The coating of claim 9, further comprising a therapeutic and/or pharmaceutical agent.
16. The coating of claim 9 comprising a polyvinylidene-fluoride copolymer effective to provide said coating with properties sufficient for use in coating implantable medical devices when said coated device is subjected to a maximum temperature of less than about 65°C. 15
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17. The coating of claim 9 wherein said solvent is selected from the group consisting of dimethylacetamide, N,N-dimethylformamide, dimethyl sulfoxide, N-methylpyrrolidone, tetrahydrofuran, methylethylketone and acetone. 25
18. A film prepared from the coating of claim 9.
19. A film prepared from the coating of claim 15. 30
20. A film according to claim 18 wherein the polyfluoro copolymer is crosslinked.
21. A film according to claim 18 wherein the polyfluoro copolymer is crosslinked. 35

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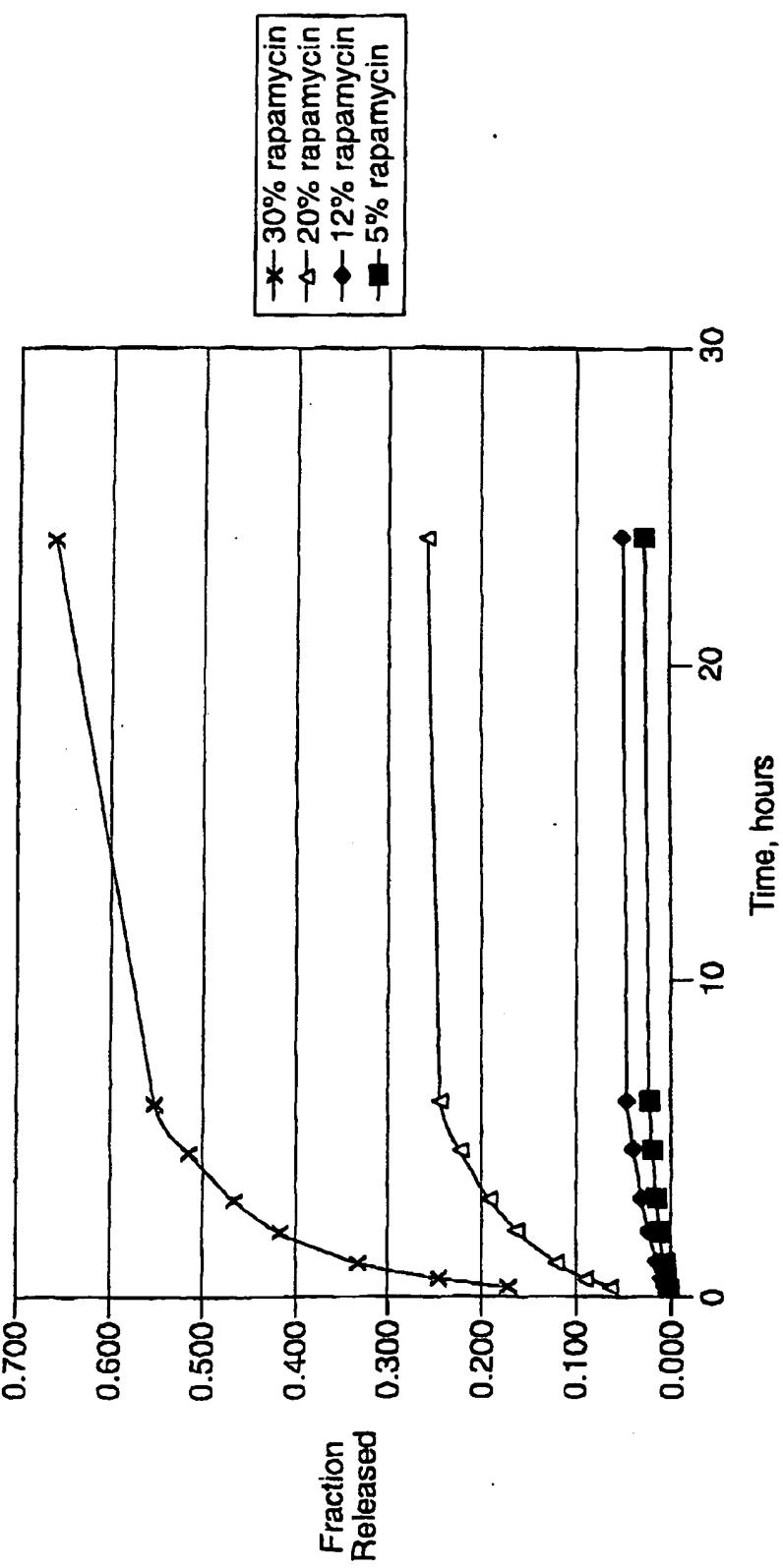
FIG. 1Rapamycin Release from VDF/HFP (84.5/14.5) in
25% EtOH

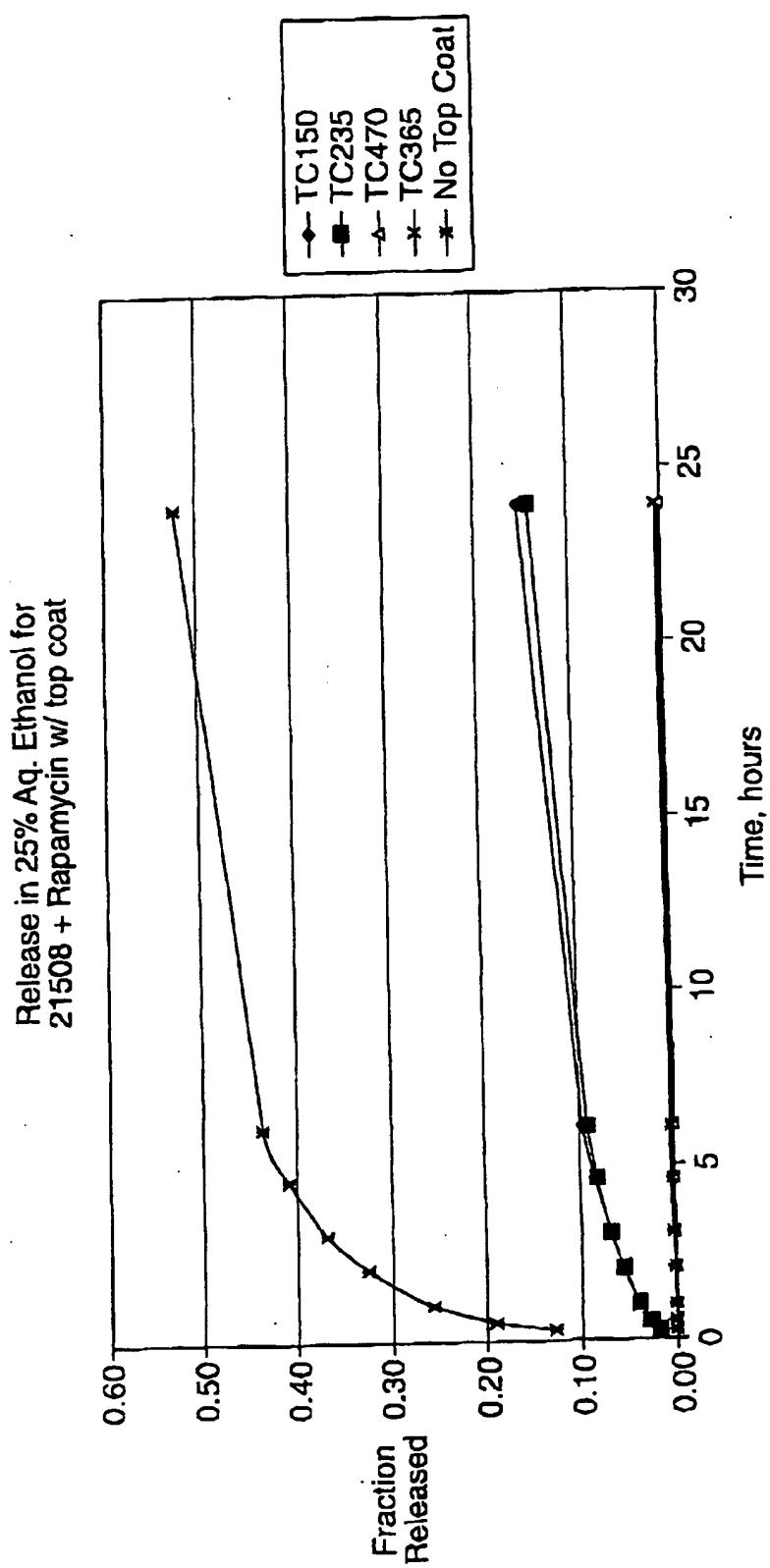
FIG. 2

FIG. 3

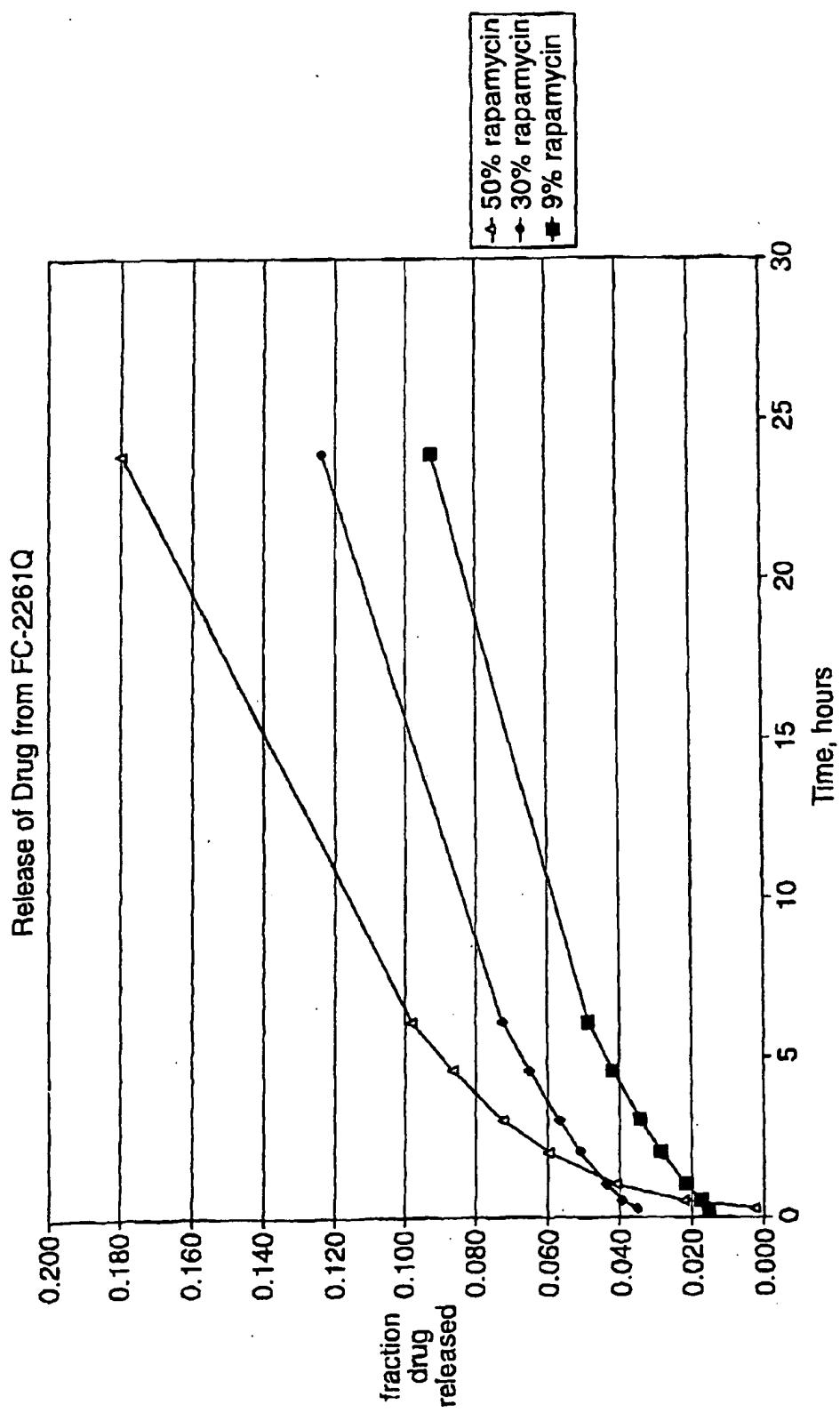


FIG. 4

